

DOH To Partner With Stakeholders on Overcoming NJ Health Challenges

By Dr. Shereef Elnahal, Acting Commissioner, NJ Department of Health

It is my honor to be nominated by Governor Phil Murphy to return to the state where I grew up to lead the Department of Health. The public health and health care challenges we face are formidable, and overcoming those challenges is going to require new levels of collaboration between the Department of Health, the rest of state government, and all our partners and stakeholders working across New Jersey to safeguard and improve the health of our residents.

Eradicating the opioid epidemic in partnership with agencies across state and local government is one of the greatest public health challenges we face. In 2016, the most recent year for which the state medical examiner has complete data, opioid overdoses killed an average of six New Jersey residents every day. Untold thousands more are suffering from various degrees of addiction, which not only degrades the quality of their lives but also the lives of the family members and friends trying to help them.

We all must work together—first responders who administer Narcan, trained recovery coaches in hospital Emergency Departments who counsel overdose survivors, community treatment providers who assist in recovery, public health nurses and local health officers on the frontlines, and partners in faith who provide social services.



Governor Phil Murphy has nominated Shereef Elnahal, MD, MBA, right, to lead the New Jersey Department of Health. Elnahal began serving as Acting Commissioner on January 25, 2018.

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Department Promotes Flu Vaccination

Ninety-eight percent of Penn Medicine Princeton Health staff have been vaccinated against flu. At Inglemoor Rehabilitation & Care Center in Livingston, that figure is 99 percent. Commending those impressive numbers was the purpose of visits that Acting Commissioner Dr. Shereef Elnahal made to those facilities on February 15-16.

The nation and New Jersey continue to experience high levels of influenza, and significant flu activity remains likely for weeks to come. Flu can cause serious illness, and in some cases, death. Unfortunately, New Jersey has already had three pediatric deaths related to flu this season.

Health care workers play a critical role in reducing the spread of the flu, which is highly contagious. Dr. Elnahal believes all health care workers should protect themselves and their patients by getting vaccinated.



One of twelve digital billboards around New Jersey advises residents of how they can help limit the impact of a severe flu season.

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DOH Awards \$320,000 as part of the New Jersey Healthy Communities Network



The New Jersey Department of Health and five other funding partners have awarded \$1.3 million to 66 community organizations for the 2018-19 funding cycle.

The funds were awarded through the New Jersey Healthy Communities Network (NJHCN) Community Grants Program. The other partners in the program are Atlantic Health System, NJ YMCA State Alliance/ NJ Partnership for Healthy Kids, Partners for Health Foundation, Salem Health and Wellness Foundation and NJ Health Initiatives.

Each grantee will be awarded \$10,000 per year for two years to be used for implementing programs that increase opportunities for physical activity and one strategy to improve access to healthy eating.

The NJHCN, a funding collaborative created by DOH and the New Jersey Partnership for Healthy Kids (New Jersey YMCA State Alliance), brings together local, regional and statewide leaders to support communities in developing healthy school, work, and local environments across the state.

Since its inception in 2013, the network has expanded from providing funding to 30 grantees in 2013 to funding 66 organizations in 2018. DOH has awarded 32 grants for a total of \$320,000.

"The Department is proud to be among the funders in this network, these grants have supported wellness at the local level where we know substantial change happens," said Acting Health Commissioner Dr. Shereef Elnahal. "By joining together, we are having wider impact on the health of New Jersey residents and reaching our most vulnerable communities."

Read the full list of DOH grantees on Page 4.

Community Outreach January-February 2018

January 31

New Jersey Principal Deputy Commissioner of Health Jackie Cornell received her flu vaccination during a visit to Eric B. Chandler Health Center in New Brunswick.



February 1

New Jersey Department of Health Chief of Staff Andrea Martinez-Mejia joined the North Hudson Community Action Corp to receive an influenza vaccination and speak to patients and staff about the importance of getting vaccinated and steps they can take to prevent the spread of flu.

February 6

Acting Commissioner Dr. Shereef Elnahal joined the New Jersey Human Development Corporation (NJHDC) for their annual National Black HIV/AIDS Awareness Day celebration along with Acting Assistant Commissioner Loretta Dutton, HIV, STD, TB Services, and Steve Saunders, Director of HIV Prevention and Education, at the War Memorial in Trenton.

February 15

Dr. Elnahal visited Inglemoor Rehabilitation & Care Center in Livingston to meet patients and talk with 50 staff members about vaccination and other steps to prevent the spread of flu.

February 16

Dr. Elnahal joined Janet L. Ready, President, Penn Medicine Princeton Medical Center, to talk with hospital clinicians about the importance of health care workers getting vaccinated and to commend the hospital on its high staff vaccination rate.

February 21

Dr. Elnahal attended the Ocean County Health Department's Influenza Vaccination and Potassium Iodide Distribution Clinic in Toms River.

DOH Recognizes American Heart Month and National Wear Red Day

In recognition of February as American Heart Month and February 2 as National Wear Red Day, Department staff dressed in red to promote heart disease awareness and encourage all New Jerseyans to make heart health their goal.



Heart disease is the leading cause of death for men and women in the United States. In New Jersey, it is the number one cause of death, claiming more than 18,000 lives annually.

This year marked the 15th anniversary of National Wear Red Day, launched in 2003 by the American Heart Association (AHA) and the National Heart, Lung and Blood Institute (NHLBI) to call attention to the fact that heart disease claims the lives of nearly 500,000 American women each year.

In New Jersey, more than 11,000 women die of heart disease and stroke annually. Women account for nearly half of deaths due to diseases of the heart, and 58 percent of stroke deaths.

Residents can reduce risks of getting heart disease by eating a healthy diet, maintaining a healthy weight, getting enough physical activity, avoiding tobacco use and limiting alcohol intake.

DOH Focused on Opioids, Increased Access, Quality of Care

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We must also acknowledge that eradicating the opioid abuse epidemic in New Jersey requires robust and accessible addiction treatment and behavioral health treatment systems. Making effective mental health care available to all New Jerseyans who need it is a high priority for both Governor Murphy and myself.

The importance of expanded access and availability to care is not limited to mental health. Disparities in access and availability to health care generally correlate strongly with disparities in public health outcomes. We will work to address these disparities. Governor Murphy's recent restoration of \$7.5 million in annual funding for women's health care in New Jersey is a crucial first step, but it is only a first step.

As in the rest of the country, gaining access to quality health care in New Jersey – not just for women and children, but for everyone – is heavily dependent upon being able to pay for that care. We need to find ways to ensure that is possible for all New Jerseyans. That is why I aim to work with Acting Commissioner Marlene Caride and the Department of Banking and Insurance to increase health care coverage, lower coverage premiums, and reduce out-of-pocket health care costs.

We also join with Governor Murphy in his commitment to expand the number of medical conditions supported by the New Jersey Medicinal Marijuana Program and to make the program more responsive to patients, physicians and dispensaries.

We have already begun to execute on these priorities.

Governor Murphy signed Executive Order 6 on Jan. 23 directing the Department of Health to conduct a review and issue a report within 60 days on all aspects of the Medicinal Marijuana Program. A report recommending changes is due to the Governor on March 24. The report will include an evaluation of the current program with a focus on regulatory, statutory and other changes that will remove obstructions to expansion.

We are also helping to lead the implementation of Executive Order 4, which calls on all state agencies to promote and preserve the gains made by the Affordable Care Act.

These issues have particular resonance for me. I had a potentially fatal congenital heart defect that was detected and corrected in my 20s because my mother, herself a physician, noticed a symptom of the disease. Adequate access to the health care that corrected that condition may have saved my life. I also have Type 1 Diabetes, so I know the challenges of managing and coping with a chronic disease. Additionally, I now have a family of my own. My wife and I are expecting our second child shortly.

The rest of the Department's new leadership team is as invested as I am, for similar reasons. My chief of staff, principal deputy, and deputy commissioner all have young children and are committed to achieving better health outcomes for New Jersey residents. We all care a great deal about this state, as do the more than 5,500 professionals who – and I think it's very important to emphasize this – do not merely work for the Department of Health, but, in fact, really are the Department of Health. It is their integrity, commitment, and vast institutional knowledge that comprise this agency and everything it does for our citizens.

During my first few weeks on the job, I've had the pleasure of meeting many of these dedicated civil servants, and I will tell you what I told them at our first employee town hall meeting at the end of January: this is a very exciting time to be at this agency. Achieving the goals we are setting is going to be a transformational journey.

For those of us who work in the Department, this journey will mean learning to better collaborate with our colleagues in other state departments, county and local health agencies and our stakeholders and partners at the local level and in the private sector. It will mean acknowledging that the methods and processes that have always worked in the past might not work as well in the years ahead.

It will mean working diligently to break down silos that might sometimes make our work appear more manageable, but that often obscure the big picture: that every resident of New Jersey is our customer and that it is our job to serve those customers well.

I have told our team at the Department of Health that I don't ever want to hear that we can't get something done because the responsibility lies with some other office. We need to hold ourselves accountable.

The importance of accountability in both public health and health care has been perhaps the greatest lesson I've taken from my career to date. I realize that many of you reading this newsletter are not familiar with me, so I ask your indulgence as I tell you a little bit about my previous experience.

I grew up near the shore. The child of two doctors who immigrated to the United States from Egypt, I graduated from high school in Linwood, Atlantic County, just a mile or two from the Margate and Atlantic City boardwalks. I left home to attend college at Johns Hopkins University in Baltimore.

At Johns Hopkins, I helped develop a clinic methodology that cut wait times in half for people with pancreatic cancer – an aggressive disease that does not give its patients any time to waste.

In Boston, after I earned my medical degree and my MBA at Harvard University, I was a medical resident at Brigham and Women's Hospital, where I treated victims of the Boston Marathon bombing in 2013.

Former President Barack Obama appointed me to the VA as a White House Fellow in 2015, a job posting that gave me a deepened appreciation for the men and women of our armed services, the sacrifices so many of them have made to their personal health for the sake of their country, and the obligation we have to improve the quality and safety of their health care.

Throughout these experiences, I have never lost sight of my home, the state of New Jersey. I am honored and humbled to be asked to take on the tremendous responsibility of protecting its public health, improving the quality and safety of health care, and ensuring healthier outcomes for residents.

If the State Senate Judiciary Committee confirms me, I will approach the challenges ahead from three perspectives--as a patient, as a physician, and as a policymaker. I hope to lead the Department of Health on a journey to set new standards for excellence for the health of New Jersey and its people.

I look forward to working with all of you on the challenges ahead. Together, we will improve maternal health outcomes, reduce black infant mortality and childhood lead exposure in our communities, and improve access to women's health care, mental health care and substance use disorder treatment.

2018 Healthy Community Grantees, New Jersey Department of Health

(See article, page 2)

- Jersey City Department of Health
- Cumberland Cape Atlantic YMCA
- EZ Ride
- Coopers Ferry Partnership
- Newark Beth Israel Medical Center
- Borough of Ridgefield
- Vietlead
- New Brunswick Tomorrow
- Township of West Orange
- Freehold Area Health Department
- Raritan Valley YMCA
- Bridgeton Public Schools
- Bergen County Technical Schools
- Manasquan Public School District
- HomeFront
- NJAHPERD – NJ Association for Health, Physical Education, Recreation and Dance
- Township of Plainsboro
- Metropolitan YMCA of the Oranges
- Boys and Girls Club of Mercer County
- Trenton YMCA
- Elijah's Promise
- Isles, Inc.
- South Asian Total Health Initiative
- Community Food Bank of NJ
- Center for Environmental Transformation
- Generations, Inc.
- City of East Orange
- YMCA of Gloucester
- The Gateway Family YMCA
- Paterson United Way of Passaic County
- Future City, Inc.
- Trenton Housing Authority

New Jersey Makes Progress in Reducing HIV, But Blacks Remain Disproportionately Affected

In an effort to encourage African American residents in New Jersey to take proactive steps to protect themselves from HIV/AIDS and promote awareness throughout the community, Acting Commissioner Dr. Shereef Elnahal joined the New Jersey Human Development Corporation (NJHDC) along with Acting Assistant Commissioner Loretta Dutton, HIV, STD, TB Services, and Steve Saunders, Director of HIV Prevention and Education, on Feb. 6 to recognize the 18th annual National Black HIV/AIDS Awareness Day.



The National Black HIV/AIDS Awareness Day commemoration event took place at The War Memorial in Trenton, NJ. The NJHDC is a non-profit organization of the African Methodist Episcopal Church that provides communities with knowledge, skills and services to help prevent and control HIV.

"New Jersey has been making great progress in reducing transmissions of HIV with medical advances in HIV prevention and treatment methods," Dr. Elnahal said. "However, minority communities are disproportionately affected, and while African-Americans are 15 percent of New Jersey's total population they represent 50 percent of those currently living with HIV/AIDS in the state."

There are more than 37,000 people living with HIV in New Jersey.

While there is still work to be done to ensure everyone knows how to protect against HIV, significant progress is being made within the black community. African Americans are more likely than other races and ethnicities to report that they have been tested for HIV at least once: 68 percent versus 55 percent for Hispanics and 37 percent for whites, based on data from the New Jersey Behavioral Risk Factor Survey.

In addition, the Department distributed nearly \$64 million last year to support HIV prevention and care services including a statewide network of 24 PrEP counselors, nurses in syringe access programs who provide access to reproductive care and HIV Services, and awareness campaigns encouraging New Jerseyans to regularly test for Sexually Transmitted Infections (STI).

Last year, the funding also supported testing and services for those living with HIV or at risk for the disease. Nearly 80,000 free, confidential rapid HIV tests were administered at more than 150 locations. Approximately 5,700 HIV patients receive HIV-related medications through the New Jersey AIDS Drug Distribution Program annually.

The Department's Pre-exposure prophylaxis (PrEP) program was established in 2016 to provide biomedical prevention services to individuals who are at substantial risk of acquiring HIV. Individuals in the PrEP program prevent infection by taking a pill every day. New Jersey has 24 PrEP counselors who work in HIV clinics, federally qualified health centers (FQHC), community-based organizations that serve gay and bisexual men, and other sites around the state.

For information on PrEP Counseling or HIV testing sites, visit: <http://nj.gov/health/hivstdb/hiv-aids/>

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Department Promotes Flu Vaccination

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Dr. Elnahal also attended the Ocean County Health Department's Influenza Vaccination and Potassium Iodide Distribution Clinic in Toms River.

New Jersey Principal Deputy Commissioner of Health Jackie Cornell and Chief of Staff Andrea Martinez-Mejia received their flu vaccinations during visits to community health centers in New Jersey.

During these visits, staff stressed that flu vaccination should also be a priority for those persons who live with or care for individuals at higher risk for influenza-related complications. In addition to health care personnel, it is also important for people caring for the elderly or young children to be vaccinated.

Other actions that can help stop the spread of flu include: covering coughs and sneezes, avoiding touching hands to mouth, nose and eyes, washing hands frequently, and staying home when sick.

As part of its efforts to keep residents informed of the dangers of flu, the Department launched its #FighttheFluNJ campaign - social media messages, posters, and digital billboards - across the state to encourage residents to get vaccinated and take steps to prevent the spread of flu.

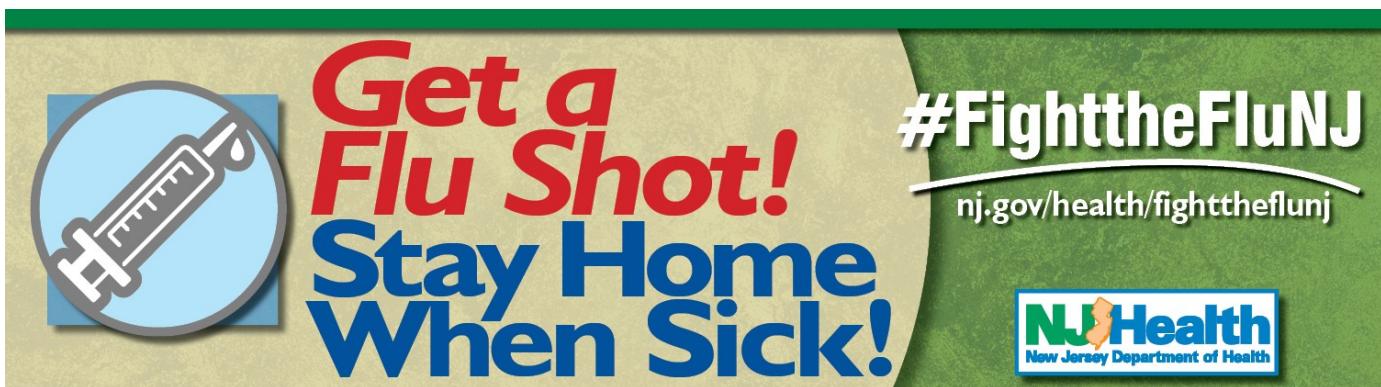
For more information about influenza, including where to find the vaccine, visit [the Department's flu website at <http://nj.gov/health/fighttheflu>](http://nj.gov/health/fighttheflu), which includes information for parents who may be concerned about the current flu season, as well as information for schools dealing with flu outbreaks.

Residents can find flu vaccination clinics near them by calling their local health department. Local health department contact information can be found at <http://localhealth.nj.gov>.

All messaging materials were shared with our partners and stakeholders, including healthcare providers, the New Jersey Department of Education, New Jersey Department of Children and Families and the New Jersey Business and Industry Association.



Acting Commissioner Shereef Elnahal attended an Ocean County Health Department flu vaccination clinic in Toms River on February 21. Standing with the Acting Commissioner are Toms River Regional School District Superintendent David Healy, Ocean County Health Department Public Health Coordinator Daniel Regenye, and, seated for her flu vaccination, Toms River Regional School District Assistant Superintendent Debra McKenna.



The digital billboard for the #FighttheFluNJ campaign is visible to drivers on the New Jersey Turnpike, Garden State Parkway, and several other major New Jersey roadways.

Governor Murphy Visits Department of Health



The Department of Health was thrilled to welcome Governor Phil Murphy for a visit to the main DOH office building in Trenton on February 8. The Governor introduced himself and posed for photos with employees as he toured the facility.

National Minority Health Month Celebration



NATIONAL
**MINORITY
HEALTH
MONTH**

Partnering for Health Equity | April 2018

Ensuring Health Equity for Vulnerable Populations

Friday April 6, 2018
8:30am - 3:00pm
William Paterson
University
300 Pompton Road
Wayne NJ

Friday April 27, 2018
8:30am - 3:00pm
Camden County
College
Blackwood Campus
200 College Drive
Blackwood NJ

New Jersey Marks 1st Maternal Health Awareness Day

January 23 marked the state's first observance of Maternal Health Awareness Day, which is dedicated to raising awareness of important maternal health and safety issues to reduce maternal mortality. To recognize this day, the following week legislators, health leaders and maternal health advocates gathered at Rutgers Robert Wood Johnson Medical School to address medical, nursing, pharmacy and other health professions students on the subject of maternal health and safety. Held on the medical school's Piscataway campus, the event also was telecast to Rutgers New Jersey Medical School in Newark and the Rutgers--Camden campus. First Lady Tammy Murphy presented the Governor's proclamation and called on the state to do a better job in ensuring women have a safe delivery and recovery. New Jersey is the first state in the nation to designate a day calling for action to raise public awareness about maternal health and promote maternal safety.

The Department's Principal Deputy Commissioner Jackie Cornell spoke about the Department's commitment to revamp our initiatives to make them more impactful and better address minority populations most affected. The New Jersey Maternal Mortality Case Review Team found that African-American women are four times as likely as their white counterparts to die from pregnancy-related complications.

Keynoting the event was Ryan Hansen, founder of the Tara Hansen Foundation, whose wife passed away six days after the birth of their child due to complications from childbirth. Ryan spoke about how after the birth of his first son he went from being the happiest he had ever been to quickly becoming gravely concerned for his wife's wellbeing as her health began to decline. Ryan is using his experience to educate others about maternal mortality. Ryan launched the Tara Hansen Foundation in 2012 and forged a partnership with Rutgers Robert Wood Johnson Medical School. As part of this collaboration, the medical school and the foundation began the Stop! Look! and Listen! Campaign which encourages women and their loved ones to speak up when they think something is wrong and for providers to reexam the women. Additionally, it reminds providers to hear women's concerns about her health and take them seriously.

Decreasing maternal mortality is a key priority of Acting Commissioner Dr. Shereef Elnahal. He has directed staff to reinvigorate efforts to reverse the unacceptable rate of maternal deaths in the state and to reduce the great disparity in death for black women. The Department is working with healthcare providers, Maternal and Child Health consortia, health advocates and sister agencies to develop new approaches to promote maternal safety, reduce maternal mortality and childbirth complications and work to reduce disparities.



Eighteenth Population Health Colloquium

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DOH Makes Reducing Black Infant Mortality a Priority for New Jersey

While the mortality rates for black and white infants in the Garden State are lower than the national figures, black infants are nearly three times as likely to die as white infants. Black women are four times as likely to die from pregnancy-related complications as white women, according to the New Jersey Maternal Mortality Case Review Team's 2009-2013 report.

"We have to do a better job in closing these gaps and making sure all moms and newborns have the same access to high quality medical care, no matter their skin color," said Acting Health Commissioner Dr. Shereef Elnahal. "Improving access to reproductive health is one of my key priorities, not only because it improves women's health, but also it sets children up for a healthy start in life."

Earlier this month, Governor Phil Murphy signed legislation that restored \$7.5 million in grants for family planning that will help provide low-income and uninsured women of child-bearing years with proper medical treatment.

"This funding will offer more resources to family planning clinics that are often the only health care providers that women encounter in a given year. They provide critical primary and preventative health care to patients—which is the foundation of good health. "With a black infant mortality rate that is three times that of white infants, this funding gives us additional resources to address this unacceptable health disparity and to expand access to health care for both pregnant women and new mothers.

Also, to confront the high mortality rates, DOH has initiatives to improve women's health at all stages of life to help ensure healthy pregnancies. Home Visiting provides health screening to high-risk women and families. WIC (Women, Infants and Children) provides food packages and healthcare referrals to pregnant women.

The Improving Pregnancy Outcomes Initiative, launched in 2014, coordinates health and social services for women and families in high-risk communities. The program draws on community health workers to recruit clients and provide case management.

DOH and the New Jersey Hospital Association created the New Jersey Perinatal Quality Collaborative, which in 2017 received a federal grant to improve perinatal care by reducing severe pregnancy complications associated with high blood pressure and hemorrhage, and decreasing racial and geographic disparities.

The success of this joint initiative led to New Jersey being selected as one of eight states to participate in the Alliance for Innovation on Maternal Health (AIM), a federal program to help hospitals improve maternal safety.

To educate the next generation of healthcare professionals about maternal health and safety, Jackie Cornell, DOH Principal Deputy Commissioner for Public Health Services, recently addressed a student forum at Rutgers University.

"We recognize that we need to take a fresh look at our efforts to make them more impactful," Cornell told the students. "And since factors like housing, education, and the environment all impact health—the Department is going to focus on strategic partnerships across these sectors to improve women's health overall."

DOH also has several initiatives aimed at reducing the number of babies born with Neonatal Abstinence Syndrome because of alcohol or drug misuse during pregnancy.

To learn more about maternal and child health programs in New Jersey, visit the DOH website at <http://nj.gov/health/fhs/maternalchild/>

Cervical Cancer Awareness

By Eugenia Girda, MD, FACOG

No woman should die from cervical cancer. Indeed, cervical cancer is the deadliest, yet most preventable gynecologic malignancy. According to the American Cancer Society, there are 13,000 new cases of invasive cervical cancer leading to 4,100 cancer-related deaths each year in the United States. Unfortunately, many of these deaths could have been prevented with either regular screening with Pap smears or vaccinations with the Human Papilloma Virus (HPV) vaccine. Cervical cancer is almost always caused by one of the high risk types of HPV and a great majority of people are exposed to HPV during their lifetime. Most HPV infections are transient, however, sometimes HPV infection can persist and lead to cervical dysplasia (precancerous lesion), which over time may further lead to cervical cancer.

Pap smears may detect precancerous changes that occur in cells. Treatment with simple surgical procedures can prevent precancerous changes from becoming cervical cancer. Women aged 21 to 65 are recommended to be screened for cervical cancer with a Pap smear every three years. Individuals aged 30 to 65, who want to lengthen the screening interval, should receive a combination of Pap smear and HPV testing every five years. In the near future, screening may change to use HPV detection alone without concurrent Pap smear.

Vaccinations with the HPV vaccine can prevent an HPV infection in young women and men. Multiple studies have shown that the vaccine is safe, effective and needs to be given before infection with HPV has occurred. Vaccinations are administered in three doses over a six-month period. It is recommended that HPV vaccination is started for girls at ages 11 to 12, but it can be administered starting at 9 years of age. A 'catch-up' vaccination is

recommended for females aged 13 to 26 years who have not been previously vaccinated or have not completed the vaccine series.

All women should know warning signs of cervical cancer, which include abnormal vaginal bleeding or spotting, discharge or bleeding after intercourse, pelvic or back pain. In addition to seeking care for any of these symptoms, women should maintain routine and appropriate screening with her physician. Cervical cancer, when caught early, can be treated and cured.

Eugenia Girda, MD, FACOG, is a gynecologic oncologist in the Gynecologic Oncology Program at Rutgers Cancer Institute of New Jersey and an assistant professor of obstetrics, gynecology and reproductive sciences at Rutgers Robert Wood Johnson Medical School.



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